PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

09-0930000 28

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			19					RATE	FEE	7	RATE	FEE
F	DR		NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			19 minus 20=		. 8			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			1 Vm	inus 3 =	*	0		X43=	_	OR	X86=	
Μl	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=	
* 15	the difference	e in column 1 is	less than ze	ero, enter	"0" in (column 2		TOTAL	385	OR	TOTAL	
CLAIMS AS AMENDED - PART II									<u> </u>] 0.,	OTHER	THAN
	1	(Column 1)		(Colum		(Column 3)		SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER SUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= ·		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		-		X43=		OR	X86=	
	FIRST PRESE	ENTATION OF MI	JLTIPLE DEF	PROJENT	CLAIM			+145=		OR	+290=	·
					•	•	L	TOTAL DDIT. FEE	•	ا _{حہ} ا	TOTAL ADDIT. FEE	_
	(Column 1) (Column 2) (Column 3)									. ,	ADDII. PEE	
AMENDMENT B	·	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*.	Minus	***		= .		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
							L	TOTAL DDIT, FEE	·· - ·	UB F	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column									, , ,		• 7,
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	٠, ٠	RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent		Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	•	OR	+290=	
• If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR L	TOTAL	
	f the "Highest Nur	mber Previously Paid ber Previously Paid	d For IN THIS	SPACE is	less than	3, enter *3.7		DIT. FEE L		_ ^	DDIT. FEE L mn 1.	